

REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

INSTRUCTIONS: Please type or print legibly **IN BLACK INK** all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT?
Yes
No

(CFA-4) **Summary Sheet**

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| FILE NUMBER |
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| TAL PAGES IN ENTIRE CFA-4 REPORT |
| 10 |

| COMMITTEE INFORMATION | | | | | | | |
|---|--|---|--------------------|--|--|--|--|
| COMMITTEE INFORMATION | | | | | | | |
| 1 Full Name of Committee (as on Statement of Organization) PE66 V OSAVER FOR CLERK COMMITTEE | | | | | | | |
| 2. Acronym or Abbreviated Name (if any) | | ttee Telephone Number | | | | | |
| 2. Actoristi di Abbieviated Name (ii ariy) | | 7 , 773-6417. | | | | | |
| 4. Mailing Address (address where all campaign finance correspondence is received) | heck if this is | s a new address | | | | | |
| 5. City, State, ZIP Code | 6. Party A | ffiliation (if applicable) | | | | | |
| NOBLES VILLE, IN 46060 | KE | EPUBLICAN | | | | | |
| CANDIDATE INFORMATION (For Candidate's Co | ommittees | Only) | | | | | |
| 7. Full Name of Candidate (include any nickname) | 8. Party A | Affiliation or If Independent Candidate | | | | | |
| PEGGY LYNN BEAVER | | REPUBLICAN | | | | | |
| 9. Office Sought (Include district number, if any. Not required for exploratory committee.) | 10. Count | inty of Residence | | | | | |
| CLERK | | HAMILTON | | | | | |
| TYPE OF REPORT | | CONVENTIO | N CANDIDATES ONLY | | | | |
| 11. Check one: | | Check one: | | | | | |
| Pre-Primary Pre-Election Annual Nomination Other | | Pre-Conv | vention | | | | |
| Final/Disbands Committee (lines 18, 19, and 20 must be "0") Utgoing Treasurer (within 10 days amend Statement of | f Organization) | Post-Cor | vention | | | | |
| 12. Reporting Period: | | COLUMN A | COLUMN B | | | | |
| From: 4-10.10 Through: 10-8-10 | | This Period | Year to Date | | | | |
| 13. Cash on hand and investments at the beginning of this reporting period. | | 26.28 | | | | | |
| 14. Cash on hand and investments January 1, current year. | | | 26,28 | | | | |
| CONTRIBUTIONS AND RECEIPTS | | | | | | | |
| (Note: these amounts include in-kind contributions and loans, as well as cash contributions.) | | | | | | | |
| 15a. Itemized (use Schedule A) | | -X | W | | | | |
| 15b. Unitemized | | X | C ₁ | | | | |
| 15c. Add lines 15a and 15b in both columns SUBT | OTAL | Ď. | \otimes | | | | |
| 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B | OTAL | 26.28 | 26.28 | | | | |
| EXPENDITURES | | | | | | | |
| (Note: These amounts include in-kind expenditures and loan repayments.) | | | | | | | |
| 17a. Itemized (use Schedule B) (Public Question: use Schedule C) | | 8 | 8 | | | | |
| 17b. Unitemized | | D | Q | | | | |
| 17c. Add lines 17a and 17b in both columns SUBT | TOTAL | Ø | Q | | | | |
| 18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns) | TOTAL | 26.28 | 26.28 | | | | |
| 19. Debts OWED BY the committee (use Schedule D) | s.A | 4607.83 | 1 | | | | |
| 20. Debts OWED TO the committee (use Schedule E) | (4) | X | | | | | |
| RTIFICATION EST OF MY KNOWLEDGE AND BELIEF IT IS TO THE STORY OF THE | Date Date Column Column | CT AND COMPLETE: 10 (D 1 1 0) D -8 -10 Person who knowingly equired by the Indiana | OR OFFICE USE ONLY | | | | |
| 14) and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18) | | | | | | | |



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(CFA-4 SCHEDULE D) DEBTS OWED BY THIS COMMITTEE

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount. OWED BY the committee during the reporting period. Include all amounts owed for or to lend institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

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| CREDITOR'S OR LENDER'S NAME & MAILING ADDRESS (street, number, city, state, ZIP code) | ENDORSER'S OR VENDOR'S NAME & MAILING ADDRESS (if any) (street, number, city, state, ZIP code) | AMOUNT | DATE DEBT INCURRED | CUMULATIVE PAID YEAR-TO-DATE | OUTSTANDING BALANCE THIS PERIOD | |
| TIM EFEGGN BEAUER | | 41007.83 LOAN | 3-05 | | | |
| LENDER'S OCCUPATION | | LOAN | 10-6 | | 4607.83 | |
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| SUBTOTAL THIS PAGE OF SCHEDULE D | | | | | | |
| SUBTOTAL THIS PAGE OF SCHEDULE D \$ TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY (Enter total on ITEM 19 of the Summary Sheet) | | | | | | |